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RURAL DISTRICT OF WAKEFIELD

# ANNUAL REPORT



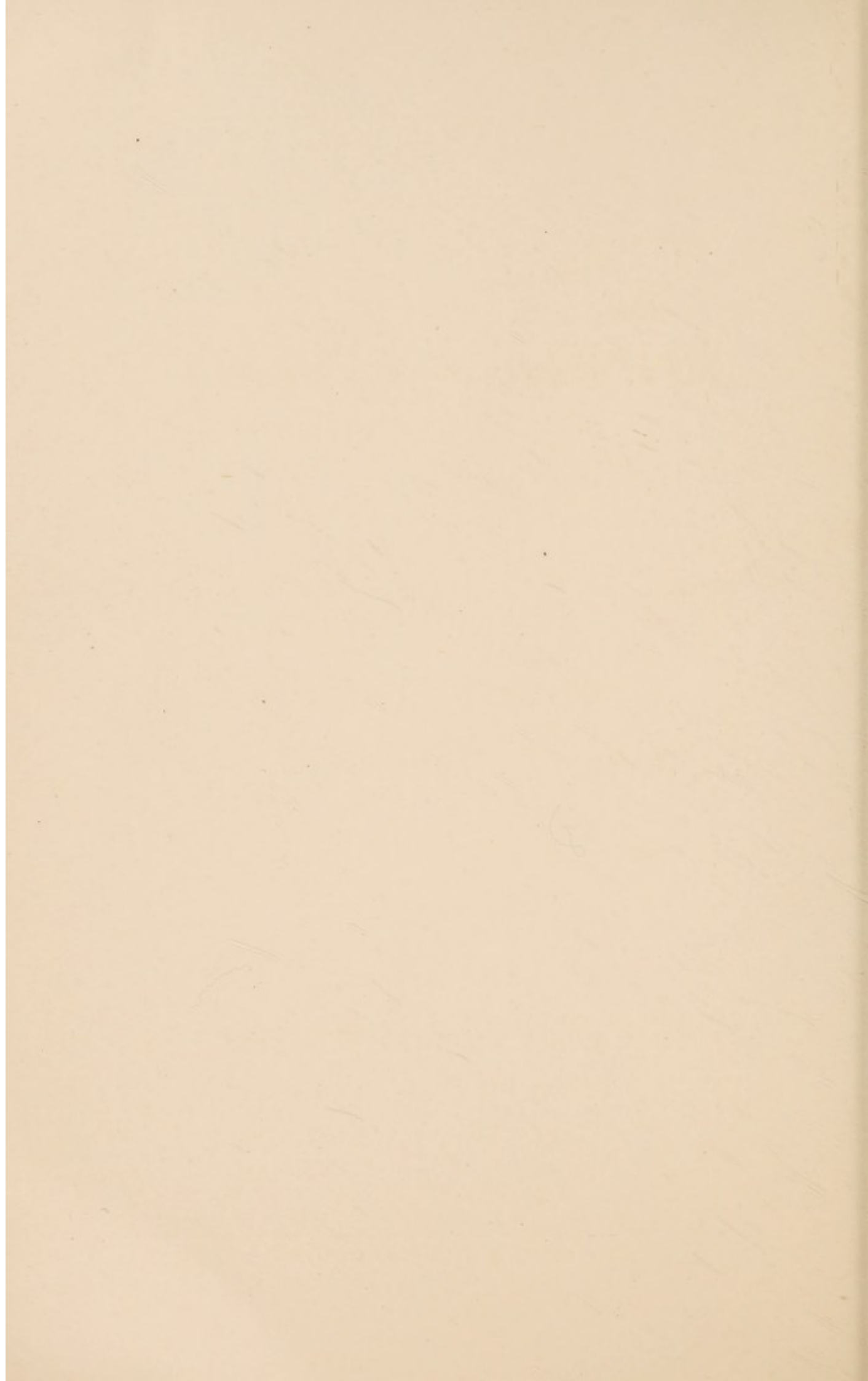
OF THE

MEDICAL OFFICER OF HEALTH

(J. Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

FOR THE

YEAR ENDED 31st DECEMBER, 1957



RURAL DISTRICT OF WAKEFIELD

# **ANNUAL REPORT**

OF THE

**MEDICAL OFFICER OF HEALTH**

(J. Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

FOR THE

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## WAKEFIELD RURAL DISTRICT

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### MEMBERS OF THE PUBLIC HEALTH COMMITTEE, 1957—58

#### Chairman:

Councillor J. Crowther

#### Vice-Chairman:

Councillor W. Sanderson

#### Councillors

J. E. Cawthorne	J. Chalkley
E. Crossley	J. T. Foley, J.P.
R. Darwell	E. Johns
Mrs. I. Hepplestone	F. W. Middleton
J. H. Milne	W. Sandham
Mrs. A. P. Wightman	W. B. Spurr
B. A. Hardcastle	

## PUBLIC HEALTH STAFF.

### WAKEFIELD RURAL DISTRICT.

#### **Medical Officer of Health.**

Joseph Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P.,  
D.P.H.

#### **Deputy Medical Officer of Health.**

Barbara Briggs, M.B., Ch.B., D.P.H.

#### **Chief Public Health Inspector.**

E. Heald, M.R.S.H.

#### **Additional Public Health Inspector.**

C. Cannon, A.R.S.H.

#### **Public Health Inspector's Clerk.**

Miss M. Lloyd.

### WEST RIDING COUNTY COUNCIL.

Preventive Medical Services: Health Division 13.

#### **Divisional Medical Officer.**

As above (M.O.H.).

#### **Senior Assistant County Medical Officer and School Medical Officer**

Barbara Briggs, M.B., Ch.B., D.P.H.

#### **Assistant County Medical Officers and School Medical Officers**

Irene Hargreaves, M.B., Ch.B.

Marianne H. Witt, L.R.C.S., L.R.C.P., D.P.H.

(Resigned 31.10.57).

George Firth, M.B., Ch.B. (Appointed 27.10.57).

#### **Health Visitors.**

Mrs. A. Dawson, S.R.N., S.C.M., H.V. Certificate.

Queen's Nurse. (Resigned 31.8.57).

Mrs. M. A. Ward, S.R.N., S.C.M., H.V. Certificate.

Mrs. E. Driver, S.R.N., S.C.M., H.V. Certificate.

Mrs. A. Holder, S.R.N., S.C.M., H.V. Certificate.

Mrs. A. Gillies, S.R.N., R.F.N. (Full time from 1.9.57).



**Midwives.**

- Miss M. Campbell, S.R.N., S.C.M.  
 Mrs. J. Renshaw, S.R.N., S.C.M.  
 Miss A. Hauxwell, S.R.N., S.C.M.  
 \*Miss O. Gardner, S.R.N., S.C.M., Queen's Nurse.  
 \*Miss M. E. Rhodes, S.R.N., S.C.M., Queen's Nurse.

**Home Nurses.**

- Miss F. E. Ellis, S.R.N., R.F.N., A.R.R.C.  
 Mrs. L. Jackson, S.R.N., S.C.M.  
 Mrs. A. G. M. Wagstaff, S.R.N., Queen's Nurse.  
 Mrs. T. Pickersgill (Relief Nurse), S.R.N., Queen's Nurse  
 \*Miss O. Gardner, S.R.N., S.C.M., Queen's Nurse.  
 \*Miss M. E. Rhodes, S.R.N., S.C.M., Queen's Nurse.  
 \*Combined appointment—Home Nurse/Midwife.

**Mental Health Social Worker.**

- Miss S. Appleyard. (Resigned 31.1.57).  
 Mrs. A. Stell. (Appointed 1.1.57).

**Mental Health Home Teacher.**

- Mrs. M. E. Towell.

**Speech Therapist.**

- Mrs. G. Stuffins (nee Lawton) L.C.S.T. (Resigned 30.6.57).

**Joint Clerical Staff**

- Engaged in all constituent districts of the Division viz.,  
 Wakefield R.D., Morley, Ossett and Horbury.  
 A. Wright, D.M.A. (Senior Clerk).  
 K. Schofield, D.P.A.  
 G. A. Tyrell (Resigned 13.10.57).  
 D. Leach.  
 C. C. Roberts.  
 Mrs. M. Thornburn (Appointed 6.5.57).  
 Miss M. Halloran.  
 Miss C. Brennan.  
 Mrs. M. Kilburn.  
 Mrs. C. Whitehead (Resigned 30.6.57).  
 Miss J. Hollings.  
 Mrs. C. M. Armstone (Resigned 6.3.57).  
 Mrs. M. M. Jennings (Appointed 24.4.57).  
 Miss E. Asquith (Appointed 26.8.57).  
 Miss P. Crosby (Appointed 21.10.57).



## LEEDS REGIONAL HOSPITAL BOARD.

## Consultant Staff.

**Ear, Nose and Throat Surgeon.**

T. B. Hutton, F.R.C.S.

**Chest Physician.**

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

**School Ophthalmologist.**

J. V. Kirkwood, M.B., Ch.B.

**Pædiatrician.**

J. D. Pickup, M.D., D.P.H.

**Orthopædic Surgeon.**

Miss M A. Pearson, F.R.C.S.

Windsor House,  
Queen Street,  
Morley.

July. 1958.

To the Chairman and Members of the Wakefield Rural  
District Council.

Mr. Chairman and Members,

I have the honour to present the Annual Report of the  
Medical Officer of Health for the year 1957.

Under the scheme of Divisional Health Administration  
your Medical Officer of Health is also the Divisional Medical  
Officer for the West Riding County Council's local health ser-  
vices, and has similar functions in the Boroughs of Morley and  
Ossett and the Urban District of Horbury. The scheme is  
designed to produce a closer integration of local authority  
health services.

The year under review was my first year in office in this  
division. A great deal of my time was consequently spent in  
the re-organization or, to be more exact, the re-orientation of  
the work of the Health Department. to meet what I consider  
to be the changed needs of our modern post-war communities.  
The efforts of pre-war Medical Officers of Health were largely  
devoted to the control of infectious diseases and the preserva-  
tion of child health. Tuberculosis, diphtheria, scarlet fever,  
whooping cough and other diseases constituted a major and  
ever-present threat to family life. Half a century ago a dis-



trict with a population of 20,000 could expect to suffer an annual toll of 40 deaths from notifiable infectious disease. In 1957 there were 3 deaths only (all due to pulmonary tuberculosis). Fifty years ago 13 of every 100 babies died in their first year: in 1957 only 3 per 100 suffered this fate. And again, whereas 50 years ago one could expect the deaths of 2 mothers in confinement each year, the position to-day is that only 2 maternal deaths have been recorded in the Wakefield Rural District during the past ten years.

Local government has played no small part in these triumphs of modern medicine particularly in the preventive field. But even victory can have drawbacks.. The saving of life in childhood and young adult life, coupled with the lowered birth-rate of recent decades, has resulted in an ever-increasing proportion of aged persons in the community. With more old folk about and fewer young ones to care for them a new set of medico-social problems has arisen. The need to provide adequate care and attention to so many persons handicapped by the inevitable infirmities and weaknesses of advancing age has taxed the resources of our brave new welfare state. Malnutrition and serious neglect have largely disappeared from the child population but are not at all uncommon in the elderly. To meet this new challenge the local authorities are having to re-align their existing forces and bring up reinforcements. Thus our health visitors, the traditional guards of infant health, must now spend a much greater proportion of their time and energy visiting, advising and supervising the grandparents of their young clients. The home nurses too are finding that more and more of their work must be devoted to nursing the elderly chronic sick. The proportion of home-help time allotted to the aged and chronic sick in this divisional area has had to be increased to 90 %, and even more may be needed in the



near future. Voluntary organisations, apparently condemned to oblivion by the National Health Service Act, 1946, have blossomed forth again, bringing gaiety and freshness into the lives of so many Darbys and Joans. But in spite of this good work one is frequently finding patients for whom the existing domiciliary services appear inadequate and, almost by habit, one recommends either hospital or institutional care, each with its ever-growing waiting list.

Perhaps the first step to a solution of the problem should be to cast aside this extraordinary institutional "complex," which is a relic of the worst phases of the industrial revolution when the destitute had perforce to be admitted to institutions to prevent a nuisance to the rest of the community. The herding and segregating of elderly persons in a "Home," often many miles from their own village and away from life-long connections, should never be regarded as other than a painful and temporary expedient. The fact that most of these Homes are nowadays extremely comfortable in a physical sense and staffed by kind, considerate officers, in no way detracts, in my opinion, from the fundamental inhumanity of this method of care. I have yet to meet the person who anticipates transfer to a Welfare Home with any degree of pleasure even if, in desperation, he or she has pleaded for a place. Old people obviously prefer to spend their last years in a home of their own among their own possessions and memories and in their own community of relatives and friends. Surely this can be achieved much more often by the further development of our domiciliary services and by the further rapid expansion of the housing programme to include many more bungalows or ground-floor flats. The cost of providing adequate domiciliary assistance in Council houses (planned and designed to make living easier for handicapped old folk) should not often exceed the cost of institutional care. But even if the cost were



greater on balance, a mature and civilised community would surely be prepared to meet it. If, on the other hand, local government decides to regard its usefulness as invariably limited by the existing level of the general rate, its members may very well vote themselves into a state of stupor in which their surviving functions will be no more than those of vendors of salvaged paper and curators of public conveniences. Similarly, if in our concept of family life we choose to ignore or forget the moral responsibilities of children in relation to their ageing parents we should deserve no help at all from local or any other form of government. A course has to be steered between the Scylla of public parsimony and the Charybdis of private greed.

The Mental Health Service provides another example of the need to re-orientate our attitudes and techniques. The decline of ordinary physical ills has thrown into relief the numerous disabilities and diseases of mind which exist and have existed since time immemorial. Almost up to the present day mental illness and mental defect have been surrounded in the public mind by an aura of mysticism. The mental patient has been feared and shunned with the result that past legislation has had a strong bias towards the protection of the public rather than treatment of the patient. As with the aged the emphasis has been on institutional care. Even now, over 40% of the beds in the N.H.S. are mental hospital beds and, if the present trends continue, one family in five will at some time or other have one or more of its members as patients in a mental hospital. Fortunately the public is becoming more enlightened and is beginning to realise that only a very tiny proportion of mentally sick patients are incurable raving "lunatics." The vast majority are suffering from illness or emotional disturbance which can be improved and even cured by modern methods of treatment. And what is perhaps even more signi-



ficant is the growing evidence of the practicability and effectiveness of prevention, early treatment and after-care within the community itself. The recent Royal Commission has made quite clear its belief that it should be the duty of local authorities, guided by their Medical Officers of Health, to provide these community services. The mental hospitals will still be required of course for those patients in need of specialised care or treatment at certain stages of illness, but the emphasis in future will be on the gradual rehabilitation of the patient in a normal environment. The development of "half-way" houses or residential local authority hostels will be necessary to facilitate the transfer from institutional to independent existence.

The foundations of good health, mental as well as physical, are laid in infancy and childhood. This has long been recognised in the School Health and Maternity and Child Welfare Services and, without waiting for new legislation, a gradually increasing amount of professional time and energy is being spent in the ascertainment, investigation, treatment and care of handicapped, maladjusted or subnormal children, many of whom, if neglected or ignored, would develop into either chronic institutional cases or adult "misfits." Not all these children require to be dealt with in Child Guidance clinics, special schools or hospitals. Many can be adequately treated and supervised by the experienced staff at the school and infant clinics with the co-operation of parents and general practitioners. Similarly, a large proportion of educationally sub-normal pupils could be catered for satisfactorily in ordinary schools. Unfortunately, facilities for the special educational treatment of these children in ordinary schools are in general woefully inadequate. One result of this gap in the Education Services is that many of these children become discouraged, frustrated and maladjusted. Jealous of the accom-



plishments of their classmates, they attempt to boost their deflated ego by spectacular, aggressive or frankly delinquent behaviour. These anti-social tendencies may be continued into adolescence and adult life with consequences only too well known to the public. No new legislation is required to deal with this particular aspect of mental health: implementation of our fourteen-year-old Education Act is the obvious answer !

The care and supervision of children whose intellectual handicap is too severe for education at either an ordinary or special school is a County Council Health Department responsibility under the Mental Deficiency Acts. Here too we see a steady build-up of community services, e.g. advice and supervision by the Mental Health Social Worker, facilities for social and occupational training at home or in centres, etc. The opening of the Ossett Occupation Centre in September, 1957, represented a local milestone in the progress of this work. It is the first County Council centre of its kind to be established in this divisional area and draws its pupils from all four sanitary districts within the division.

The operation of the somewhat complex local authority and other health services described in the paragraphs above can only be efficient if there is close co-ordination at professional level between the several authorities concerned. It is particularly desirable that public health staff should work in concert with general practitioners. The practice of preventive and social medicine should never be completely divorced from general medical practice. No effort has been spared by me to ensure a high degree of co-operation. The practitioners appear to appreciate this and have responded in like manner.



Co-ordination at executive level between the district council and County Council is equally vital and is facilitated by the nature of my joint appointment. It is becoming increasingly necessary too to ensure adequate liaison between the many statutory and voluntary agencies dealing with problem families. For this purpose a divisional co-ordinating committee was established in 1957 under my chairmanship, on the lines recommended in the 1950 joint circular of the Home Office and Ministries of Health and Education. Among the permanent members of this committee are the Divisional Education Officer, Divisional Welfare Officer, Area Children's Officer, Probation Officers, N.S.P.C.C. Inspectors, National Assistance Board personnel, Public Health Inspectors, Housing Department Officers, Police Inspectors, Mental Health Social Worker and others. The committee's work has virtually eliminated overlapping and duplication of visiting, has ensured reasonable uniformity of approach and has encouraged frequent consultation between officials. It is generally agreed that the case conferences, whether held at or between the formal committee meetings, have led to an improved relationship between the many departments concerned as well as to a better understanding by all of the many-sided problem of child neglect.

The new fields of endeavour described above do not of course mean that the M.O.H. is no longer concerned with his traditional role in the control of infectious disease and the promotion of environmental hygiene. The outbreak of Asian Influenza in September, 1957, was indeed a vigorous reminder that epidemics can still occur. The disease spread rapidly throughout the district affecting all age groups, but the attack rate appeared to be particularly high in secondary school children. At one stage the attendance at the Crofton County Secondary School was reduced to less than one third of normal. Clinically the disease did not in general take on a severe form, com-



plications tending to occur chiefly in those patients already affected by respiratory or cardiac conditions. In spite of the high incidence only four deaths were attributed to influenza in the Wakefield Rural District. The outbreak proved a heavy strain on general practitioners and home nurses, who rose to the occasion with magnificent devotion to duty. The Ministry of Health provided an influenza vaccine for the protection of medical, nursing and ambulance personnel but supplies proved to be inadequate in volume and retarded in delivery; just another instance of "too little too late."

The poliomyelitis vaccination programme suffered from a similar affliction in 1957 with the result that at the end of the year only 10% of the child population had received protection. The position was subsequently eased by the importation of U.S. and Canadian Salk vaccine.

The number of children immunised against diphtheria in 1957 also failed to reach a satisfactory level, following a trend which has been in evidence for two or three years. In the continued absence of this disease locally it is difficult to convince the present generation of mothers that a danger really exists. Diphtheria has however never been completely eradicated from this country and any relaxation of our defences may have serious results. Intensification of propaganda has been clearly indicated and, towards the end of 1957, the Health Visitors in this divisional area were asked to redouble their efforts in this direction. Arrangements were also put in hand for an individual 'follow-up' of all infants who had not been immunised in their first year. These measures are already producing results, and a more satisfactory position should be apparent in my next annual report.



As evidence of the continued interest of the M.O.H. in environmental hygiene I should have been pleased to report some further action by this authority in implementing the Clean Air Act. Unfortunately no move has yet been made to establish a smoke control area. I have no doubt that the problem of miners' concessionary coal is a major cause of the Council's hesitant attitude. One appreciates the difficulties but it is nevertheless hoped that the Trade Unions and the N.C.B. will together expedite a solution. Urgent public health reforms, already sanctioned by law and approved by all the major political parties, cannot be indefinitely postponed.

This summary of the work of the Public Health Department in 1957 is not fully comprehensive but the statistical data in the other sections of the Report will I hope fill the gaps. May I in conclusion place on record my appreciation of the friendly relationship which I have enjoyed with yourselves and with your senior officials.

I remain,

Yours sincerely,

JOSEPH LYONS,

Medical Officer of Health.

## SECTION I.

## VITAL STATISTICS

**Statistics.**

Area .....	21,335 acres
Population—Census 1951 .....	19,199
Registrar General's estimate of Resident Population mid-1957 .....	19,860
No. of dwelling houses .....	6,417
Rateable Value .....	146,344
Product of a Penny Rate .....	£586 3s. 0d.

**Summary of Vital Statistics**

	Total	M.	F.	
Live Births:				Birth-rate per 1,000 of the estimated resident population 17.5
Legitimate	339	166	173	
Illegitimate	9	2	7	
Still-Births:				Rate per 1,000 (live and still-births)
Legitimate	12	7	5	41.3
Illegitimate	3	—	3	
Deaths	194	122	72	Death-rate per 1,000 of the estimated resident population 9.8

**Maternal Mortality.**

There were no maternal deaths.

**Infantile Mortality.**

Twelve infants under the age of twelve months died during 1957, giving an infantile mortality rate of 34.5 per 1,000 births.

The following table gives the cause of death of these infants:—

Cause of Death	No. of infants dying in				
	1st week	2nd wk.	3rd wk.	4th wk.	5-52 weeks
Prematurity .....	5	—	—	—	—
Acute Bronchitis .....	—	—	—	—	1
Congenital Abnormalities .....	1	—	—	—	—
Congenital heart disease	2	—	—	—	—
Birth Injury .....	1	1	—	—	—
Other Conditions .....	—	—	1	—	—



## CAUSES OF DEATH—WAKEFIELD R.D.

Cause of Death	1955			1956			1957		
	M	F	Total	M	F	Total	M	F	Total
1. Tuberculosis of respiratory tract .....	3	1	4	1	1	1	3	—	3
2. Other forms of Tuberculosis .....	—	—	—	—	—	—	—	—	—
3. Syphilitic Diseases .....	—	—	—	—	—	—	—	—	—
4. Diphtheria .....	—	—	—	—	—	—	—	—	—
5. Whooping Cough .....	1	—	1	—	—	—	—	—	—
6. Meningococcal Infections ..	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis .....	—	—	—	—	—	—	—	—	—
8. Measles .....	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic diseases .....	1	—	1	—	—	—	—	1	1
10. Malignant Neoplasm—Stomach .....	2	2	4	3	3	6	3	3	6
11. Malignant Neoplasm—lung and bronchus .....	5	—	5	2	2	4	4	1	5
12. Malignant Neoplasm—Breast .....	—	3	3	—	3	3	—	1	1
13. Malignant Neoplasm: Uterus .....	—	1	1	—	2	2	—	—	—
14. Other Malignant and Lymphatic Neoplasms .....	11	4	15	7	9	16	12	4	16
15. Leukaemia and aleukaemia ..	1	1	2	1	1	2	1	—	1
16. Diabetes .....	—	—	—	—	1	1	—	—	—
17. Vascular lesions of nervous system .....	15	13	28	12	7	19	15	13	28
18. Coronary disease: Angina ..	29	10	39	23	8	31	22	6	28
19. Hypertension with heart disease .....	3	3	6	6	4	10	3	3	6
20. Other Heart Disease .....	15	13	28	3	16	19	10	14	24
21. Other Circulatory Disease...	4	10	14	3	4	7	3	8	11



Cause of Death	1955			1956			1957		
	M	F	Total	M	F	Total	M	F	Total
22. Influenza .....	—	—	—	—	—	—	3	1	4
23. Pneumonia .....	8	3	11	7	5	12	2	2	4
24. Bronchitis .....	5	2	7	3	3	6	14	4	18
25. Other diseases of respiratory system .....	—	1	1	2	1	3	2	—	2
26. Ulcer of stomach and duodenum .....	1	1	2	—	—	—	2	—	2
27. Gastritis, Enteritis and diarrhoea .....	—	2	2	2	—	2	—	—	—
28. Nephritis and nephrosis ...	—	1	1	1	—	1	1	—	1
29. Hyperplasia of prostate ...	—	—	—	2	—	2	—	—	—
30. Pregnancy, childbirth and abortion .....	—	1	1	—	—	—	—	—	—
31. Congenital malformations ...	1	—	1	2	—	2	1	—	1
32. Other defined and ill- defined diseases .....	7	2	9	6	9	15	13	6	19
33. Motor vehicle accidents ...	—	—	—	4	1	5	3	1	4
34. All other accidents .....	2	2	4	4	3	7	3	4	7
35. Suicide .....	—	1	1	—	—	—	2	—	2
36. Homicide & operations of war	—	—	—	—	—	—	—	—	—
Total all Causes	114	77	191	94	83	177	122	72	194

PRINCIPAL VITAL STATISTICS for the YEAR 1957, based on the Registrar-General's figures.  
COMPARISON WITH OTHER AREAS.

	Wake- field R.D.	Morley M.B.	Ossett M.B.	Horbury U.D.	Aggregate West Riding Rural Dis.	West Riding Admin. County	England and Wales (Prov- isional Figs.)
Birth Rate (per 1,000 estimated population) . . .	17.5	15.9	17.2	13.7	17.9	16.6	16.1
Death Rates (all per 1000 estimated home popula- tion). All causes . . . . .	9.8	12.4	11.9	12.3	9.7	11.7	11.5
Infective & Parasitic Diseases . . . . .	0.05	0.03	—	0.24	0.06	0.07	*
Tuberculosis of respiratory system . . . . .	0.15	0.13	—	—	0.07	0.08	0.09
Other forms of tuberculosis	0.00	0.02	—	—	0.01	0.01	0.01
Cancer . . . . .	1.46	2.04	1.59	3.15	1.58	1.87	2.09
Vascular Lesions of ner- vous system . . . . .	1.41	2.04	2.90	2.06	1.45	1.95	*
Heart and Circulatory Diseases . . . . .	3.47	5.15	4.21	4.84	3.49	4.30	*
Respiratory disease (excl- uding tuberculosis of respiratory system) . . .	1.41	1.01	2.00	0.97	1.12	1.37	*
Infant Mortality (deaths of infants under one year per 1,000 live births) . . . . .	34.5	33.4	16.1	—	28.8	26.4	23.0
Maternal Mortality (deaths of mothers due to pregnancy or child birth per 1,000 live and still births) . . . . .	—	—	—	—	0.72	0.51	0.47

\* Figures not available.



## VITAL STATISTICS OVER THE TEN YEARS 1948—1957.

Year	Birth Rate	Death Rate	Infant-ile Mortal-ity Rate	Maternal Mortal-ity Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of			No. of Deaths	
						Pul-monary	Non-Pul-monary	Scarlet Fever	Diph-theria	Polio-myelitis	T.B. All forms	Can-cer of lung and bronchus
1948	19.9	9.3	30.0	0.00	1.59	0.27	0.00	83	2	0	5	*
1949	18.5	11.8	38.0	0.00	1.83	0.32	0.00	38	0	6	6	*
1950	16.4	9.7	39.0	0.00	1.33	0.21	0.00	33	1	1	4	4
1951	17.0	10.1	15.3	3.01	1.51	0.26	0.00	18	0	1	5	4
1952	15.8	9.6	19.7	0.00	2.08	0.10	0.00	14	0	3	2	7
1953	18.0	9.0	26.2	0.00	1.78	0.10	0.00	38	0	3	2	2
1954	16.2	9.8	22.4	0.00	1.77	0.05	0.00	9	0	1	1	0
1955	16.0	9.9	22.7	3.15	1.56	0.21	0.00	9	0	5	4	5
1956	18.6	9.1	22.8	0.00	1.70	0.10	0.00	9	0	0	2	4
1957	17.5	9.8	34.5	0.00	1.46	0.15	0.00	17	0	2	3	5

\* Figures not available.

## SECTION II.

### GENERAL PROVISION OF HEALTH SERVICES.

#### A. HOSPITALS.

##### General Hospital Accommodation.

There are no hospitals within the Rural District, but the Leeds Regional Hospital Board provide facilities in centres within fairly easy reach of the villages in the Rural District. viz. Wakefield, Leeds and Dewsbury.

Accommodation for general needs would appear to be reasonably adequate, but difficulty is often experienced in securing the admission of elderly chronic sick patients.

##### Isolation Hospitals.

Effective preventive measures have greatly reduced the demand for isolation hospital accommodation during recent years. The relatively few patients requiring admission from the Rural District are usually sent to Snapethorpe Isolation Hospital, Wakefield, or to Kendray Isolation Hospital, Barnsley. Cases of acute poliomyelitis are admitted to Seacroft Hospital, Leeds, to be transferred later (if orthopædic treatment is required) to Pinderfields Hospital, Wakefield.

##### Maternity Hospitals and Maternity Homes.

Patients requiring or requesting hospital confinement may be admitted to Walton Hall Maternity Home or to hospitals in neighbouring towns. Priority is given to abnormal cases, mothers having their first baby and mothers residing in homes unsuitable for domiciliary confinement.

#### B. AMBULANCE SERVICE.

It is the duty of the Local Health Authority, that is the West Riding County Council, to provide Ambulance Services throughout their administrative area, of which the Rural District is a part.

This is a service which has been efficiently provided by the County Council, and is available on responsible call.



### C. LABORATORY FACILITIES.

The Public Health Laboratory which serves the Administrative Area is the Laboratory of the Medical Research Council of the Ministry of Health at Wood Street, Wakefield. All specimens for general examination, submitted by the Medical Staff of the Department, by medical practitioners, by Health Authorities and others, may be submitted to this Laboratory. The examinations which are carried out in the Laboratory are chemical, biological and bacteriological.

During the year 1957 full advantage has been taken of the service provided and again we wish to acknowledge the personal interest of the Director of the Laboratory and the helpful advice he has given on so many occasions.

## SECTION III.

## INFECTIOUS DISEASES.

Summary of Notifications received during 1957:—

Disease	Total Case notified (corrected)
Scarlet Fever .....	17
Whooping Cough .....	3
Acute Poliomyelitis .....	2
Measles .....	243
Diphtheria .....	—
Dysentery .....	—
Meningococcal Infection .....	2
Acute Pneumonia .....	11
Smallpox .....	—
Acute Encephalitis .....	—
Enteric or Typhoid Fever .....	—
Paratyphoid Fever .....	—
Erysipelas .....	—
Food Poisoning .....	1
Puerperal Pyrexia .....	7
Ophthalmia Neonatorum .....	—
Pulmonary Tuberculosis .....	4
Other forms of Tuberculosis .....	1

**Tuberculosis Services.**

A clinic is held at Pinderfields Hospital, Wakefield. Regular home supervision is carried out by the Tuberculosis Health Visitor. Free milk, bedding, shelters, etc. are provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.



The following table gives at a glance the position regarding tuberculosis in Wakefield Rural District in 1957:—

	Respiratory			Non-Respiratory			Totals
	M	F	Total	M	F	Total	
No. on register on 1st January, 1957 .....	39	44	83	3	8	11	94
No. first notified during 1957 ...	4	—	4	1	—	1	5
No. of cases restored to register	—	1	1	—	—	—	1
No. of cases entered in register otherwise than by notification ....	3	1	4	—	—	—	4
No. removed from register during 1957:—							
(a) died .....	2	—	2	—	—	—	2
(b) removed from district .....	5	4	9	1	—	1	10
(c) recovered ...	1	1	2	—	—	—	2
No. remaining on register at 31st December, 1957	38	41	79	3	8	11	90

The number of new cases and the number of deaths notified during 1957 are given in detail in the following table:

Age Period	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0- 5 .....	—	—	—	—	—	—	—	—
6-14 .....	—	—	—	—	—	—	—	—
15-24 .....	—	—	—	—	—	—	—	—
25-44 .....	3	—	1	—	1	—	—	—
45-64 .....	—	—	—	—	1	—	—	—
65 and over ....	1	—	—	—	—	—	—	—
Totals .....	4	—	1	—	2	—	—	—



## **W.R.C.C. PREVENTIVE HEALTH SERVICES.**

### **A. CLINICS AND TREATMENT CENTRES.**

#### **Infant Welfare.**

Mission Hall, Crofton—\*Monday, 2-0 to 4-0 p.m.

St. Luke's Hall, Sharlston—\*Tuesday, 2-0 to 4-0 p.m.

Church School, Middlestown—\*Tuesday, 2-0 to 4-0 p.m.

Village Institute, Crigglestone—\*Wednesday, 2-0 to 4-0 p.m.

\*Combined with a School Clinic Session.

Combined Ante and Post Natal sessions are held at the same places and on the same days as the Infant Welfare Sessions, but the commencing time in all cases is 1-30 p.m.

#### **Ante Natal Relaxation Classes for Expectant Mothers.**

Mission Hall, Crofton—Tuesday, 2-0—4-0 p.m. (commenced 12-3-57).

Church School, Middlestown—Monday 2-0—4-0 p.m. (Commenced 12-8-57).

#### **School Clinics (See also under Section H).**

Parochial Hall, Crofton—Minor Ailment, Monday and Thursday 9-0—11-0 a.m.

Junior Mixed School, Sharlston—Minor Ailment, Tuesday and Friday, 9-0—11-0 a.m.

County Primary School, Walton—Minor Ailment, Tuesday, 9-0—10-0 a.m.

County Primary School, Middlestown—Minor Ailment, Wednesday 9-0 to 10-0 a.m.

County Primary School, Netherton—Minor Ailment, Wednesday, 10-0—11-0 a.m.

Village Institute, Crigglestone—Minor Ailment, Wednesday, 9-0 to 11-0 a.m.

#### **Smallpox Vaccination, Diphtheria Immunisation, Whooping Cough Immunisation.**

All Infant Welfare Centres—As required by arrangement.

#### **B.C.G. Vaccination against Tuberculosis**

(by arrangement with the Divisional Health Office, Windsor House, Morley).

#### **Vaccinations against Poliomyelitis**

(by arrangement with the Divisional Health Office, Windsor House, Morley).



## B. CARE OF MOTHERS AND YOUNG CHILDREN.

### Ante Natal Clinics

Clinic	Total No. of women who attended	Total Attendances
Crofton .....	39	125
Sharlston .....	32	127
Middlestown .....	2	9
Crigglestone .....	10	48
Total .....	83	309

### Child Welfare Clinics.

Clinic	Sessions per month	No. of children who attended		Attendances made by children		Average attendance per session
		Under 1 year of age	2-5 years of age	Under 1 year of age	2-5 years of age	
Crofton .....	4	68	111	1284	458	36.3
Sharlston ....	4	68	84	1255	598	38.6
Middlestown ..	4	38	98	967	395	28.3
Crigglestone ..	4	136	120	2038	546	53.8
Total .....	16	310	413	5544	1997	39.2

### Home Visiting by Health Visitors.

No. of Ante-natal Visits:—	
First Visits .....	107
Subsequent Visits .....	145
No. of Visits to Children under 1 year:—	
First Visits .....	394
Subsequent Visits .....	1982
No. of Visits to Children 1-5 years .....	2629
Special Visits .....	2439
Total Home Visits .....	7696

### The Care of Premature Infants.

Weight at Birth	No. of Premature Babies		No. Dying	No. Surviving 28 days
	Born Alive	Born Dead		
Not Weighed .....	—	—	—	—
Under 2½ lbs. ....	2	1	2	—
2½-3 lbs. ....	3	2	2	1
3-3½ lbs. ....	1	—	—	1
3½-4 lbs. ....	3	2	1	2
4-4½ lbs. ....	—	—	—	—
4½-5 lbs. ....	9	2	2	7
5-5½ lbs. ....	9	1	—	9
Total .....	27	8	7	20

Special equipment and nursing staff is available for use in the home in cases requiring them.

### The Care of Illegitimate Children.

Every effort is made to find a suitable home for the baby either with the mother or with the grandparents.

Special advice about legal adoption is given if this is desired.

These cases are seen in the home by the Health Visitor and encouraged to attend the Infant Welfare Clinic regularly.

### Provision of Welfare Foods, etc.

Most proprietary brands of milk and other infant foods are sold at the Child Welfare Clinics for the convenience of mothers, and special brands of milk are ordered when necessary.

In addition, the distribution of cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, is carried out at the Child Welfare Clinics.

### Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.



## C. PROFESSIONAL NURSING IN THE HOME.

### Home Nursing.

Three whole-time nurses and two nurses having a combined post as district nurse-midwife serve the Wakefield Rural area.

Cases attended	No. of individual patients	Total number of visits made
Medical Conditions .....	443	11,070
Surgical Conditions .....	220	3,402
Tuberculosis .....	7	280
Maternity .....	6	47
Total .....	676	14,799

### Midwifery.

Five midwives (resident in their own homes) were employed by the County Council to serve the Rural District of Wakefield during 1957. Three of these midwives are whole-time and two have combined posts as district nurse-midwife.

The following table shows the number of women confined in hospital, private nursing homes, or delivered by midwives and private practitioners so far as has been ascertained:—

	No.	%
No. delivered in hospital .....	170	46.5 %
No. delivered in private nursing homes	2	1.73 %
No. delivered by midwives .....	190	50.9 %
No. delivered by doctors (including the difficult cases met with by midwives in their practise where a doctor had to be sent for to effect delivery) ...	1	0.87 %
Total (including stillbirths) so far as has been ascertained .....	363	100 %

During 1957 the practising midwives summoned medical assistance to 73 mothers. Medical aid was sent for on account of the following conditions:—

Cause	No.
Congenital Malformations .....	1
Stillbirth .....	1
Retained Placenta .....	2
Premature Labour .....	6
Ruptured Perineum .....	26
Prolonged Labour .....	13
Haemorrhage .....	2
Complete Abortion .....	11
Hypertension .....	3
Obstetric Shock .....	3
Other Conditions .....	5
<b>Total .....</b>	<b>73</b>

#### **Emergency Obstetric Unit.**

The "flying squad" attached to the General Hospital, Wakefield is available for obstetric emergencies occurring within the area.

#### **Analgesia.**

All midwives are trained in the administration of gas and air analgesia and provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. 138 women received gas and air analgesia during 1957.

#### **D. HEALTH VISITING.**

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children, and persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.



### E. HOME HELPS.

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

During 1957, 123 cases were attended by Home Helps, as compared with 114 in the previous year, and the total number of hours worked was 16,271.

Of the cases attended in 1957, Home Helps were provided for the following reasons:—

	Cases	Hours
Maternity .....	7	510
Tuberculosis .....	1	351
Chronic Sickness .....	109	15052
Others .....	6	358
	<hr/>	<hr/>
Total ...	123	16271
	<hr/>	<hr/>

### F. CARE AND AFTER CARE.

Special provisions are in operation for the care and after-care of patients suffering from tuberculosis, mental illness or defect, venereal disease and other illnesses.

### G. MENTAL HEALTH.

Wakefield Rural District has the services of the Divisional Mental Health Social Worker, who is largely concerned with the care of mentally defective patients under Statutory Supervision and guardianship, and those patients who, having been discharged from Detention Order in Institution, have elected to receive voluntary supervision at home. She also undertakes pre-care and after care of patients suffering from mental illness.

The Mental Health Social Worker carries out her duties in close liaison with the Mental Hospitals, and Mental Deficiency Institutions, and with those statutory and voluntary bodies concerned with social welfare generally.

Every effort is made to rehabilitate the higher-grade defective and to secure suitable employment for them in local industry.



**Summary of Cases at present under Supervision under the  
Mental Deficiency Acts.**

	Under 16 years Male	Female	Over 16 years Male	Female	Total
Under Statutory Supervision .....	5	5	27	7	44
Under Guardianship ...	—	—	1	—	1
Under Voluntary Supervision .....	—	—	9	4	13
	5	5	37	11	58
Attending Occupation Centre .....	4	4	—	—	8
Receiving Individual Home training .....	—	—	1	1	2
Receiving Group training .....	—	1	—	—	1
Parents refused training	—	—	2	1	3
Awaiting Occupation Centre .....	—	—	2	—	2
Gainfully employed ...	—	—	25	2	27
Usefully employed at home .....	—	—	3	5	8
Too handicapped mentally and physically to undertake any form of training or employment .....	1	—	4	2	7
	5	5	37	11	58
Married mental defectives under Supervision .....	—	—	—	2	2

	Male	Female	
Cases in Institution .....	14	13	27
Awaiting admission to Institution ...	—	—	—
On licence from Institution .....	1	1	2

**After-care of Mental Patients.**

Male	Female
1	3



## H. SCHOOL HEALTH SERVICE.

Number of school departments in district .....	19
Number of children in attendance at school at the end of 1957 .....	2650
Number of children examined at school during 1957 ...	1459
(This figure being made up as follows)—	

Entrants .....	140
7—8 years group .....	182
Last Year Primary .....	411
Leavers .....	175
Re-examinations .....	187
Special .....	364

### Physical Condition of Pupils Examined

	Satisfactory	Unsatisfactory
Entrants .....	140	—
7-8 years group .....	182	—
Last Year Primary .....	411	—
Leavers .....	175	—
No. of defects found to require treatment	287	
No. of defects found requiring to be kept under observation .....	320	

### Cleanliness Inspections.

The Health Visitor attends every school department at frequent intervals throughout the year to examine the children for uncleanly and verminous conditions. Where such conditions exist, parents are informed and are instructed in the application of an effective remedy. Warnings are issued in cases of non-compliance and statutory action taken where there is persistent default.

No. of examinations carried out during the year .....	7384
No. of cases of uncleanliness found .....	299
Percentage of infestation .....	4.04%
No. of children excluded from school .....	72
No. of cleansing notices issued .....	19
No. of cleansing orders issued .....	9
No. of children cleansed .....	4

### Minor Ailment Clinics.

4,790 attendances were made at the minor ailments clinics during the year.



**Ophthalmic Clinics.**

Sessions held.	No. of refractions.	Prescribed spectacles.
16	188	71

**Orthopædic Clinic.**

4 children made 5 attendances during the year. These children attended the clinic held at the Pinderfields Hospital, Wakefield.

**Immunisation and Vaccination.**

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against small-pox may be done either at the clinics or by the family doctor.

**Diphtheria Immunisation.**

Number of children in Wakefield Rural who completed a full course of Diphtheria Immunisation in 1957:—

Age	Under 1	1-4	5-14
Began and Completed injections, 1957 .....	57	37	75
Total =			169
Immunised in previous years, re-treated in 1957 .....	—	—	272
Total =			272

**Whooping Cough Immunisation.**

The Local Health Authority's Scheme operates in this area and immunisation under the scheme has been carried out as in previous years from 1952.

One restriction in the schemes is that the immunisation is available only to infants and children up to 4 years of age. A further restriction is that combined immunisations e.g. diphtheria and whooping cough are not recognised for purpose of the scheme.

In view of these restrictions, and in view of the fact that most immunising is carried out by general medical practitioners, the figures which we give are far from complete. They do not indicate the full number of children in this area who have received this protective treatment.



Immunisation is available in the Local Health Authority's clinics, and is also given by general medical practitioners.

Number of children in Wakefield Rural District who completed a full course of whooping cough immunisation during 1957

Age at final Injection	Under 6 months	6 months to 1 year	1-2 years	2-3 years	3-4 years	Total
No. immunised	70	115	27	7	2	221

During the year there were 3 notified cases of whooping cough. None of the children concerned had completed a full course of immunisation.

#### **Vaccination against Poliomyelitis.**

Sufficient vaccine was received during the year to immunise 504 children resident within the District.

#### **Vaccination against Smallpox.**

During the year 102 people were vaccinated against smallpox, 83 of whom were under 1 year of age.

Additionally 15 people were re-vaccinated.

#### **B.C.G. Vaccination against Tuberculosis.**

In 1953 the County Council put into operation a scheme to provide protective vaccination against tuberculosis for a selected group of schoolchildren.

This scheme was approved by the Ministry of Health. The immunising vaccine to be used was B.C.G. and the selected age-group was that of children in their fourteenth year. This group was chosen for certain approved reasons, one being the further year in school during which observation and supervision could be kept over the child, and also the desirability of affording protection to adolescents in the early years of their employment in industry and elsewhere. This scheme was put into operation in Wakefield Rural District in 1955.

Vaccination was offered to all children in this age-group in the period under review, acceptance being voluntary.

The following table is a summary of the work carried out in the year:—

School	No. of children offered B.C.G. Vaccination	No. of children whose parents consented	No. of children Mantoux Tested	No. with positive reaction	No. with negative reaction	No. vaccinated
Crofton Secondary Modern	117	55	50	16	32	32
Crigglestone Secondary Modern	61	28	28	8	15	15
Totals ...	178	83	78	24	47	47

B.C.G. Vaccination is also available at the Local Chest Clinic and is carried out there for ascertained contacts of cases of tuberculosis, and in certain other cases.



## SECTION V.

**SANITARY CIRCUMSTANCES OF THE AREA.****Water Supply.**

Water is obtained from the supplies of the Wakefield Corporation, Barnsley Corporation, Dewsbury Corporation, Darton, Kirkburton and Royston Urban Districts and Hemsworth Rural District Council. The supply of water has been, in general, satisfactory both in quality and quantity except the Council's own supply from Secker Vale due to drop in yield caused by underground workings. 3 chemical and bacteriological examinations were made during the year with satisfactory results.

Improvements were made to the water supply, i.e. approximately 900 yards of 6in. main were scraped in Thornhill Road, Middlestown, 700 yards of 3in. main scraped in Grange Lane and Old Road, Overton and 500 yards of 2in. main to Hartley Bank, Colliery, Netherton.

**Drainage and Sewerage.**

Short sewer extensions were carried out at Great Cliffe, Crigglestone and New Road, Middlestown to enable conversion work to be done. A small sewage treatment plant was constructed on Warmfield Common to treat effluent from a farm and other properties. About 200 yards of New Sharlston Outfall Sewer were scraped and cleansed to improve flow with satisfactory results.

**Housing.**

There are a total of 6,417 dwelling houses in the district, including 130 back-to-back houses.

A total of 134 new houses were completed in the Wakefield Rural area in 1957, 66 being provided by the Council and 68 by private enterprise.

Progress has again been made with regard to the closure and clearance of unfit houses. During the year there were 20 official representations in respect of unfit houses. 5 houses were demolished as a result of demolition orders made by the Local Authority. During the year 482 dwelling houses were inspected for housing defects (under the Public Health or Housing Acts) and a total of 634 inspections were made for this purpose.



### Nuisance Inspections.

During the year 162 inspections were made for Nuisances only. At the end of 1956 there were no outstanding notices for abatement of nuisances, 3 were issued during the current year. All were abated by the end of the year.

### Closet Accommodation.

No. of privies .....	267
No. of pail closets .....	72
No. of trough closets .....	0
No. of waste water closets .....	5
No. of pedestal water closets .....	6548
Percentage of closets on the water carriage system ...	95.01%
No. of privies, converted to W.C.'s .....	28
No. of closets, other than privies, converted to W.C.'s	0

During the year grants under the Public Health Act, 1936, were made to applicants for the conversion of privies, pails, waste water and trough closets to pedestal water closets.

### Public Cleansing.

This is in operation throughout the whole of the district. Bins and pails are emptied weekly as far as possible and privies once a month.

### Disposal of Refuse.

All refuse in this area is disposed of by controlled tipping.

### MILK SUPPLY.

There are 30 registered retail milk sellers in the district. Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53, licences are in force for 16 dealers in pasteurised milk and 12 dealers in sterilised milk. Under the Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950, licences are in force for 19 dealers in Tuberculin Tested Milk. A total of 103 inspections were made at the premises of these licencees.

There are 10 dairies registered under the Milk and Dairies Regulations, 1949-1954.



**ICE CREAM.**

Under Section 16 of the Food and Drugs Act, 1955, 32 retailers are registered for the sale of ice cream and a total of three inspections were made during the year. With regard to the Ice Cream (Heat Treatment, etc.) Regulations, 1947-1952, there are no manufacturers of ice cream in the district.

**SHOPS ACT, 1950.**

Under Section 38 of the above Act, 57 visits were made and no unsatisfactory conditions were found.

**SMOKE ABATEMENT.**

There are ten colliery spoil banks in the district, 3 of which have been on fire during the year. The Colliery Manager was contacted in these cases and requested to abate the nuisance.

**TENTS, VANS AND SHEDS.**

There are 22 licensed sites in the district for the erection of tents, vans and sheds for human habitation. 2 sites are licensed for more than 2 caravans. The Council has not made any bye-laws under Section 268(4) of the Public Health Act, 1936.

**SWIMMING BATHS AND BATHING POOLS.**

There are no swimming baths or bathing pools in the area.

**PREVENTION OF DAMAGE BY PESTS.**

Under the Prevention of Damage by Pests Act, 1949, a total of 269 inspections were made and 30 cases of infestations were dealt with during the year.

**FOOD.**

There are, in the district, 51 grocers' shops, 18 fish and chip shops and 11 butchers' shops. Of these, 8 of the butchers' shops are registered in accordance with the provision of Section 16 of the Food and Drugs Act, 1955. A total of 47 inspections were carried out on registered food premises throughout the year. Any food which is found to be unsuitable for sale for consumption is condemned, and after being dyed, it is disposed of either by collection by the manufacturers of fertilizer or buried on the refuse tip.

Work is in progress with regard to action requiring to be taken under the Food Hygiene Regulations, 1955-56, and it has not yet been possible to arrange for any organised educational activities.

**FACTORIES ACTS, 1937—1948.**

There are in the district 88 factories registered in accordance with the Factories Acts. A total of 104 inspections were carried out during the year. In two cases defects were found and remedied.



**MEAT INSPECTION.**

Ante and post-mortem inspection of all food animals is carried out. The following table gives details of the carcasses and offal inspected and condemned in whole or in part:—

	Cattle, exl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ....	753	107	64	2367	1097	—
Number inspected	753	107	64	2367	1097	—
<b>All diseases exc cept Tuberculosis and Cysticerci</b>						
Whole carcasses condemned ....	—	—	—	—	—	—
Carcasses of which some part or organ was condemned ....	40	13	—	—	83	—
Percentage of the number inspec- ted affected with disease other than tuberculo- sis & cysticerci	5.3%	12.1%	—	—	7.6%	—
<b>Tuberculosis only</b>						
Whole carcasses condemned ....	—	—	—	—	—	—
Carcasses of which some organ or part condemned	39	15	—	—	43	—
Percentage of the number inspec- ted affected with tuberculosis ...	5.2%	23.3%	—	—	4%	—
<b>Cysticercosis</b>						
Carcasses of which some part or organ was condemned ....	—	—	—	—	—	—
Carcasses submit- ted to treatment by refrigeration	—	—	—	—	—	—
Generalised & to- tally condemned	—	—	—	—	—	—





